

<p style="text-align: center;">MULTIPLE INDEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)</p>						SERIAL NO. <input type="text"/>	FILING DATE <input type="text"/>	
						APPLICANT(S) <input type="text"/>		
CLAIMS								
AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT				
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1.		1				51		
2.		1				52		
3.						53		
4.						54		
5.						55		
6.						56		
7.						57		
8.						58		
9.						59		
10.						60		
11.						61		
12.						62		
13.						63		
14.						64		
15.						65		
16.						66		
17.						67		
18.						68		
19.						69		
20.						70		
21.						71		
22.						72		
23.						73		
24.						74		
25.						75		
26.						76		
27.						77		
28.						78		
29.						79		
30.						80		
31.						81		
32.						82		
33.						83		
34.						84		
35.						85		
36.						86		
37.						87		
38.						88		
39.						89		
40.						90		
41.						91		
42.						92		
43.						93		
44.						94		
45.						95		
46.						96		
47.						97		
48.						98		
49.						99		
50.						100		
TOTAL IND.						TOTAL IND.		
TOTAL DEP.						TOTAL DEP.		
TOTAL CLAIMS						TOTAL CLAIMS		

BEST AVAILABLE COPY